This research is responding to the theme of "Information and Communication Technology and Development". Global access to Information and Communication Technology (ICT) is changing rapidly with the potential to impact on development in both positive and negative ways. One way of analysing the health sector is as a knowledge economy - how to access expert advice on how to manage a particular health problem and how to access specific commodities, such as drugs, which embody a large amount of research and development. Yet where does this access start?

It starts with the individual or household making a decision to seek information - to seek the advice or find the commodities. In a resource poor household, how are such decisions made? In common with many of us, and the general human experience, 'Everyday Life Information-Seeking', is a mixture of sources: mediators - friends, family: finding information grounds (the local market), and technology - going online, phoning a helpline, listening to the radio, accessing a library, etc.

But for resource poor households what does that mix look like, and is it changing with the growth of ICTs? We know that poor households often have access to mobile phones and increasingly to the internet. Is this changing access changing the core behaviour of health information seeking? In this research we see three changing landscapes that could be affecting households choices. The health landscape is changing. New opportunities are opening up. In Bangladesh there are telephone helplines, local providers of health are sometimes networked in professional support, there are new private providers of healthcare. How does a household navigate these new opportunities? The ICT landscape is changing. Households have access to mobile phones. In many cases they have access to the internet. How much do they use these for seeking health information? Have they begun to use Google to self diagnose? Do they phone their distant cousins for advice, or are they still prioritising face-to-face contact? 'Information-seeking' itself is a changing (global) landscape. The world over we are creating new patterns of informationseeking. For instance, in developed countries the role of online social networks is a dominant channel. Are resource poor Bangladeshi households beginning to explore alternative information channels? Do they have a basic information literacy? Do the trust what they read in the newspapers, what they hear on the radio? Is the radio still a key channel for information or has it been replaced by the television?

Our research considers how these three changing landscapes interact with each other and while there are emerging bodies of work on each, there is very little that attempts to bring them together into a single conceptual framework supported by empirical research. This project, although focused on a single country, will explore different households in different resource settings to identify common approaches and decision-making patterns, to contribute to our

understanding of how resource poor households are seeking health information in a changing world.

On this we are working with the KNOTS and STEPS units of IDS and their Future Health Systems programme

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Icddr,b in Bangladesh

. This project is funded by

ESRC

and

**DFID UK AID**